

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		1ST DRAFT AMENDMENT		2ND DRAFT AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	22					